STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15) RECEIVED

OCT 3 1 2018

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11112	PLEASE PRINT	(/		NEW HAMPSHIRE DEPARTMENT OF STA
I. Name of Lobbyis	i(s) Jim	Bouley	Mike	Denne	hy
II. Name of lobbyis	t's partnership, firm	ا ا or corporation, if ar	 14'		,
Don	2 L. F. F.	2 1	1 (
(N:	ame of parinership, firm	or corporation			
Business Address: (S	Depot S	(Town/City)	Gnco	Yd /	/H 03301 (Zip Code)
603 228-1 (Telephone)	(00))(Fax)	e-mai	I	
		– file separate report are not attributable t			file a separate report for
All reportable tra	insactions occurring i	n the months prior to t	he reporting date	relative to the	following client:
Assoc	iation f	or Acce	ssible	Med	ianes
<u>OR</u>	(Pull Name of Citen	t as it appears on the Lot	obyisi Regisiration i	·om)	
. =		rist (including the lobb	oyist's family), or	the lobbying	firm listed below which are
IV. Date of Report Reports cover: acti	April 25, 2018 [ration to 3/31/18	July 25, 2 activity from 4/1/		
	October 31, 2018 activity from 7/1/18 to		January 3 activity from 10/	0, 2019 🗍 [//18 to 12/31/1	8
V. There have bee If this box is checked Concord, NH 03301.	, complete just this fo	and no reportable rm and submit it to the	transactions m e Secretary of Stat	ade since the e's Office, Sta	e last report.
VI. Check if additio	nal reports are attac	ehed:			
☐ If you have recei	ved fees or made exp	enditures, you must fil	lc Addendum A-	Fees and Exp	enses
☐ If you have paid Expense Reimbursen		mbursed expenses, you	ı must file Adden	dum B– Repo	ort of Honorariums or
☐ If you, your firm	, or your family has n	nade political contribu	tions, you must fi	le Addendum	C- Political Contributions
I have read RSA 15, 1	est of my knowledge	Cand RSA 664 and he	reby swear or affi	rm that the for (Date)	regoing information is true
Jim B	zully				

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Dennehy & Bouley LLC
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): ASSOCIATION ACCESSIBLE MEDICINE
Date of Report (check one):
April 25, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
1 hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)
(Signature of Tobbyist) (Date)
Mike Dennehy
(Print Name of lobbyist)